Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For office use only				
indexed _				
Audited _				
Checked				
Computer	·			

INDINA'INTRADATE	AB APPLAP	DEADN/MARKE	ALBE AB	BEALEAS.
DEPARTMENT	OR OFFICE	RECEIVING THE	GIFT OR	BEQUEST:

ANAMOSA STATE PENITENTIARY	•		
Name of Department or Office 406 N High St	Anamoia, IA 52205		
Mailing Address	Cíly, State, Zip Code		
319-462-3504 Area Code & Telephone No.			
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI			
•	IVE:		
Tami Moore			
Name			
Malling Address (if different from above)	City, Slate, Zip (if different from above)		
tami.moore@iows.gov Emall Address	319-462-3504 X2221 Area Code & Telephone Number (If different from above)		
Email Address	Area Code & Telephone Number (If different from above)		
ÖNOR OF GIFT OR BEQUEST:			
Zion American Lutheran Church			
.Wyoming, IA			
Mailing Address Cily, Stale, Zip Code	3-21-2019 \$63,00		
maining radius only, orace, 21p code	1 II		
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*		
	*value is defined as "fair market value" of item as determined by		
Email Address (optional)	receiving department or office. If no value mark "0.00".		
- India Marao (Abustus)			
Provide a description of the gift or bequest and purpose thereof:	٠.		
For Chapel: Free Indeed - St. Judes Hospital			
Tot Chaper. The indeed - Gr. Judes Hospital	•		
•			
Criteria to use this form:	,		
Receipt of any glft or bequest that is received by any department of the	state or received by the Governor on behalf of the state		
According to any district and the transfer of the month of the	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
	•		
atement of Affirmation:	,		
Tami Moore affirm that the gift or bequest reported abor	ove is accurate. I further affirm that the information concerning the donor a		
sessment of the fair market value (if applicable) is correct and true to the	best of my knowledge.		
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Van' Maa			
AMII I'I (AK D	March 25, 2019		
Signature	Date		